



health plan
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MDA HEALTH PLAN GUIDE

HEALTH PLAN NAME	DECISION FACTORS	DEDUCTIBLE	BENEFITS	OFFICE VISITS	PRESCRIPTIONS
ADVANCED VALUE (10) <i>Benefits at a Glance</i>	CATASTROPHIC COVERAGE <ul style="list-style-type: none"> Lower monthly cost. Higher financial risk. Higher out-of-pocket cost. Not HDHP or HSA compatible. 	IN-NETWORK: EMPLOYEE: \$7,150 EMPLOYEE +1: \$12,500 FAMILY: \$14,300	Pays 80% after deductible. OUT-OF-POCKET MAX: EMPLOYEE: \$8,700 EMPLOYEE +1: \$13,075 FAMILY: \$17,400	Primary:100% after \$35 copay including chiropractic visits. Specialist: 100% after \$70 copay.	<ul style="list-style-type: none"> Generic: \$10 Generic non-preferred: \$20 Brand preferred: 50%, \$100 max Brand non-preferred: 50%, \$300 max Specialty preferred: 20%, \$200 max Specialty non-preferred: 50%, \$500 max
LIVING FIT HSA (12) <i>Benefits at a Glance</i>	WELLNESS INCENTIVE PLAN <ul style="list-style-type: none"> Tax-advantaged health savings account (HSA). Lowest monthly cost. Moderate financial risk. Exercise rewards. Free health assessment. 	IN-NETWORK: EMPLOYEE: \$3000 EMPLOYEE +1: \$6,000 FAMILY: \$6000	Pays 80% after deductible. OUT-OF-POCKET MAX: EMPLOYEE: \$7,500 EMPLOYEE +1: \$15,000 FAMILY: \$15,000	For in-person, specialty and virtual office visits: You pay 20% after deductible is met.	<ul style="list-style-type: none"> Maintenance medication allowances before deductible. Ask for details. Pharmacy benefit after your deductible is met. Generic: \$10 Generic non-preferred: \$20
LIVING FIT PPO (11) <i>Benefits at a Glance</i>	WELLNESS INCENTIVE PLAN <ul style="list-style-type: none"> Low monthly cost. Moderate financial risk. Acupuncture/medical massage therapy features. Exercise rewards. Free health assessment. 	IN-NETWORK: EMPLOYEE: \$3,000 EMPLOYEE +1: \$4,500 FAMILY: \$6,000	Pays 80% after deductible. OUT-OF-POCKET MAX: EMPLOYEE: \$8,700 EMPLOYEE +1: \$13,075 FAMILY: \$17,400	Primary office visits: \$30 copay. Specialist office visits: \$45 copay.	<ul style="list-style-type: none"> Generic: \$10 Generic non-preferred: \$20 Brand preferred: 50%, \$100 max Brand non-preferred: 50%, \$300 max Specialty preferred: 20%, \$200 max Specialty non-preferred: 50%, \$500 max
FAMILY FOCUS PPO (8) <i>Benefits at a Glance</i>	WELLNESS INCENTIVE PLAN <ul style="list-style-type: none"> Moderate monthly cost. Moderate financial risk. Moderate out-of-pocket \$. Family health rewards and special incentives for kids. Activity rewards. 	IN-NETWORK: EMPLOYEE: \$3,000 (\$4,000 co-ins max) EMPLOYEE +1: \$4,500 (\$8,000 co-ins max) FAMILY: \$4,500 (\$8,000 co-ins max)	Pays 80% after deductible. OUT-OF-POCKET MAX: EMPLOYEE: \$8,700 EMPLOYEE +1: \$17,400 FAMILY: \$17,400	Primary:100% after \$20 copay including chiropractic visits. Specialist: 100% after \$40 copay, including physical therapy.	<ul style="list-style-type: none"> Generic: \$10 Generic non-preferred: \$20 Brand preferred: \$60 max Brand non-preferred: \$120 max Specialty preferred: 20%, \$200 max Specialty non-preferred: 50%, \$500 max
FAMILY FOCUS HSA (6) <i>Benefits at a Glance</i>	WELLNESS INCENTIVE PLAN <ul style="list-style-type: none"> Tax-advantaged HSA. Moderate monthly cost. Moderate financial risk. Moderate out-of-pocket \$. Family activity rewards & special incentives for kids. 	IN-NETWORK: EMPLOYEE: \$3,000 EMPLOYEE +1: \$6,000 FAMILY: \$6,000	Pays 80% after deductible. OUT-OF-POCKET MAX: EMPLOYEE: \$7,500 EMPLOYEE +1: \$15,000 FAMILY: \$15,000	Pays 80% after deductible. Services provided in the office are subject to the deductible (e.g. urine analysis, throat culture, blood work, etc.)	<ul style="list-style-type: none"> Pharmacy benefit after deductible Maintenance med allowance before ded Generic: \$10/Generic non-preferred: \$20 Brand preferred: \$60 Brand non-preferred: \$120 Specialty preferred: 20%, \$200 max Specialty non-preferred: 50%, \$500 max
CLASSIC PLUS PPO \$2500 (4) <i>Benefits at a Glance</i>	BRONZE LEVEL FEATURES <ul style="list-style-type: none"> Moderate monthly cost. Moderate financial risk. Moderate out-of-pocket \$. 	IN-NETWORK: EMPLOYEE: \$2,500 (\$3,000 co-ins max) EMPLOYEE +1: \$5,000 (\$4,000 co-ins max) FAMILY: \$7,500 (\$5,000 co-ins max)	Pays 80% after deductible. OUT-OF-POCKET MAX: EMPLOYEE: \$8,000 EMPLOYEE +1: \$12,000 FAMILY: \$16,000	Primary:100% after \$35 copay including chiropractic visits. Specialist: 100% after \$55 copay.	<ul style="list-style-type: none"> Generic: \$10 Generic non-preferred: \$20 Brand preferred: \$60 Brand non-preferred: \$120 max Specialty preferred: 20%, \$200 max Specialty non-preferred: 50%, \$500 max
ELITE HSA \$2000 (5) <i>Benefits at a Glance</i>	SILVER LEVEL FEATURES <ul style="list-style-type: none"> Tax-advantaged HSA. Higher monthly cost. Lower financial risk. Lower out-of-pocket \$. 	IN-NETWORK: EMPLOYEE: \$2,000 EMPLOYEE +1: \$4,000 FAMILY: \$4,000	Pays 80% after deductible. OUT-OF-POCKET MAX: EMPLOYEE: \$5,000 EMPLOYEE +1: \$10,000 FAMILY: \$10,000	Pays 80% after deductible. Services provided in the office are subject to the deductible (e.g. urine analysis, throat culture, blood work, etc.)	<ul style="list-style-type: none"> Pharmacy benefit after deductible Generic: \$10 Generic non-preferred: \$20 Brand preferred: \$60 Brand non-preferred: \$120 Specialty preferred: 20%, \$200 max Specialty non-preferred: 50%, \$500 max
SELECT PPO \$1500 (3) <i>Benefits at a Glance</i>	SILVER LEVEL FEATURES <ul style="list-style-type: none"> Higher monthly cost. Lower financial risk. Lower coinsurance max. 	IN-NETWORK: EMPLOYEE: \$1,500 (\$3,000 co-ins max) EMPLOYEE +1: \$3,000 (\$6,000 co-ins max) FAMILY: \$4,500 (\$9,000 co-ins max)	Pays 80% after deductible. OUT-OF-POCKET MAX: EMPLOYEE: \$7,000 EMPLOYEE +1: \$10,500 FAMILY: \$14,000	Primary:100% after \$35 copay including chiropractic visits. Specialist: 100% after \$70 copay.	<ul style="list-style-type: none"> Generic: \$10 Generic non-preferred: \$20 Brand preferred: \$60 Brand non-preferred: \$120 Specialty preferred: 20%, \$200 max Specialty non-preferred: 50%, \$500 max
ELITE PPO \$1000 (2) <i>Benefits at a Glance</i>	GOLD LEVEL FEATURES <ul style="list-style-type: none"> Higher monthly cost. Lower financial risk. Lower coinsurance max. 	IN-NETWORK: EMPLOYEE: \$1,000 (\$3,000 co-ins max) EMPLOYEE +1: \$2,000 (\$6,000 co-ins max) FAMILY: \$3,000 (\$9,000 co-ins max)	Pays 80% after deductible. OUT-OF-POCKET MAX: EMPLOYEE: \$6,000 EMPLOYEE +1: \$9,000 FAMILY: \$12,000	Primary:100% after \$30 copay including chiropractic visits. Specialist: 100% after \$45 copay.	<ul style="list-style-type: none"> Generic: \$10 Generic non-preferred: \$20 Brand preferred: \$50 Brand non-preferred: \$100 Specialty preferred: 20%, \$200 max Specialty non-preferred: 50%, \$500 max
SIMPLY COPAYS (0) <i>Benefits at a Glance</i>	FEATURES <ul style="list-style-type: none"> Higher monthly cost. Lower financial risk. No deductible. Transparent: Each service has a set copay. 	IN-NETWORK: EMPLOYEE: \$0 EMPLOYEE +1: \$0 FAMILY: \$0	OUT-OF-POCKET MAX: EMPLOYEE: \$8,700 EMPLOYEE +1: \$13,075 FAMILY: \$17,400	Primary: \$20 copay. Specialist: \$75 copay.	<ul style="list-style-type: none"> Generic: \$10 Generic non-preferred: \$20 Brand preferred: \$40 Brand non-preferred: \$80 Specialty preferred: 20%, \$200 max Specialty non-preferred: 20%, \$500 max
PREMIER ELITE PPO \$500 (1) <i>Benefits at a Glance</i>	PLATINUM LEVEL FEATURES <ul style="list-style-type: none"> Higher monthly cost. Lower financial risk. Lowest coinsurance max and out-of-pocket costs. Rich benefits. 	IN-NETWORK: EMPLOYEE: \$500 (\$2,500 co-ins max) EMPLOYEE +1: \$1,000 (\$5,000 co-ins max) FAMILY: \$1,500 (\$7,500 co-ins max)	Pays 80% after deductible. OUT-OF-POCKET MAX: EMPLOYEE: \$5,000 EMPLOYEE +1: \$7,500 FAMILY: \$10,000	Primary:100% after \$30 copay including chiropractic visits. Specialist: 100% after \$60 copay.	<ul style="list-style-type: none"> Generic: \$10 Generic non-preferred: \$20 Brand preferred: \$50 Brand non-preferred: \$100 Specialty preferred: 20%, \$200 max Specialty non-preferred: 50%, \$500 max